



Substance Abuse and Mental Health Services Administration DISASTER TECHNICAL ASSISTANCE CENTER

RESOURCE LIST

Resilience in Times of Adversity

Prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC), ESI, under contract with the Emergency Mental Health and Traumatic Stress Services Branch, Center for Mental Health Services, SAMHSA.

Peer-Reviewed Journal Articles

Bartone, P.T., Ursano, R.J., Wright, K.M., and Ingraham, L.H. (1989). The impact of a military air disaster on the health of assistance workers. A prospective study. *Journal of Nervous and Mental Disease*. 177(6):317-28.

This study examines the sources and impact of stress on disaster family assistance workers, drawing the sample from disaster workers who attended the families of 248 American soldiers who died in the December 12, 1985, airplane crash in Gander, Newfoundland. The study identifies major stress areas; examines the relationship between exposure to stressors and health; and evaluates resiliency reflexes that may lessen the effects of exposure.

Bell, C.C. (2001). Cultivating resiliency in youth. *Journal of Adolescent Health*. 29(5):375-81.

The author discusses the neuropsychiatry of traumatic stress and the importance of building resiliency in a population. Resiliency-building models are included.

Connor, K.M. and Davidson, J.R. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*. 18(2):76-82.

The Connor-Davidson Resilience Scale (CD-RISC) is composed of 25 items, each rated on a five-point scale, evaluating anxiety, depression, and stress reactions. This article discusses the development and testing of the new evaluation tool.

Cowen, E.L. and Work, W.C. (1988). Resilient children, psychological wellness, and primary prevention. *American Journal of Psychology*. 16(4):591-607.

This is a literature review of the concept of high resiliency levels in profoundly stressed children, and the impact of this research on the psychology-of-wellness field. The author outlines a model of studying resilience, and the need for preventive interventions is argued.

Peer-Reviewed Journal Articles (continued)

Cowen, E.L., Wyman, P.A., and Work, W.C. (1996). Resilience in highly stressed urban children: Concepts and findings. *Bulletin of the New York Academy of Medicine*. 73(2):267-84.

This article discusses the Rochester Child Resilience Project, a set of studies about resilience in profoundly stressed urban youth. Resilient children characteristically possess a higher IQ, easy temperament, close parent-child ties, and other important factors include parents' own wellness, the child's sense of competence, realistic control, and a sense of empathy.

Durodie, B. and Wessely, S. (2002). Resilience or panic? The public and terrorist attack. *Lancet*. 360(9349):1901-2.

This is a commentary discussing possible outcomes of public panic in the event of a chemical, biological, or radiological attack. Preparedness planning and information dissemination will strengthen societal resilience.

Ewart, C.K., Jorgensen, R.S., Suchday, S., Chen, E., and Matthews, K.A. (2002). Measuring stress resilience and coping in vulnerable youth: The Social Competence Interview. *Psychological Assessment*. 14(3):339-52.

Using the Social-Competence Interview (SCI), the authors assess the stress-coping capabilities of samples of African-American and white adolescents living in low-income neighborhoods. A critical-aggressive social impact theory is correlated with increasing hostility and anger.

Fine, S.B. (1991). Resilience and human adaptability: Who rises above adversity? 1990 Eleanor Clarke Slage Lecture. *American Journal of Occupational Therapy*. 45(6):493-503.

This is a lecture about the difficulties, compassion, and interaction of experiencing disasters as a worker compared to experiencing a disaster as a victim.

Fordham, M. (1999). The intersection of gender and social class in disaster: Balancing resilience and vulnerability. *International Journal of Mass Emergencies and Disasters*. 17(1):15-37.

The author explores the impact of two major floods in Perth and Strathclyde, Scotland, and the role that gender and social class played in the differentiation of disaster victims.

Frederickson, B.L., Tugade, M.M., Waugh, C.E., and Larkin, G.R. (2003). What good are positive emotions in crises? A prospective study of resilience and emotions following the terrorist attacks on the United States on September 11th, 2001. *Journal of Personality and Social Psychology*. 84(2):365-76.

In a study of U.S. college students in early 2001 and in the weeks following September 11, researchers found that positive emotions experienced after the disaster fueled resiliency in individuals, and the paper discusses the implications of this research on coping.

Peer-Reviewed Journal Articles (continued)

Friborg, O., Hjemdal, O., Rosenvinge, J.H., and Martinussen, M. (2003). A new rating scale for adult resilience: What are the central protective resources behind healthy adjustment? *International Journal of Methods in Psychiatric Research*. 12(2):65-76.

The authors present the Resilience Scale for Adults (RSA), the Sense of Coherence scale (SOC), and the Hopkins Symptom Checklist (HSCL), evaluation tools for measuring the presence of protective resources that encourage resilience in five dimensions: personal competence, social competence, family coherence, social support, and personal structure. Results indicate that protective factors are important in regaining mental health.

Hunter, A.J. (2001). A cross-cultural comparison of resilience in adolescents. *Journal of Pediatric Nursing*. 16(3):172-9.

This study evaluates adolescents' perceptions of resilience through a sample from New England and Ghana. The author determines that further research is needed to discriminate between different types of resilience, as some resilience studied was harmful to the adolescent.

Kendra, J.M. and Wachtendorf, T. (2003). Elements of resilience after the World Trade Center disaster: Reconstituting New York City's Emergency Operations Centre. *Disasters*. 27(1):37-53.

The article discusses several factors of resilience exhibited in the rebuilding of the Emergency Operations Center (EOC) after it was destroyed in the attacks on September 11. These factors include: strong pre-existing relationships that facilitated communications and eased challenges; a continuation of organizational patterns of response; and a high availability of resources due to the strong organization of the EOC and disaster planning.

Larson, N.C. and Dearthmont, M. (2002). Strengths of farming communities in fostering resilience in children. *Child Welfare*. 81(5):821-35.

The author discusses how the strengths of rural farming communities foster resilience in children through a cultural context that facilitates healthy development.

Leske, J.S. and Jiricka, M.K. (1998). Impact of family demands and family strengths and capabilities on family well-being and adaptation after critical injury. *American Journal of Critical Care*. 7(5):383-92.

The authors present a study evaluating whether increases in demands on critical care patients' families may decrease families' ability to adapt. Using the Resiliency Model of Family Stress, families' strengths include the level of hardiness, available resources, coping skills, and problem-solving communication. Results indicate that family demands directly relate to the amount of assistance the family may need.

Peer-Reviewed Journal Articles (continued)

Lutha, S.S. and Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*. 12(4): 857-85.

This article focuses on the application of resiliency research to the development of interventions and social policies. Prominent characteristics of resiliency research are outlined, and this framework is applied to developing interventions based upon model programs. Future avenues of research are discussed, and a culturally aware view of interventions and application to special populations is delineated.

Markstrom, C.A., Marshall, S.K., and Tryon, R.J. (2000). Resiliency, social support, and coping in rural low-income Appalachian adolescents from two racial groups. *Journal of Adolescence*. 23(6):693-703.

This study examines social support and coping among a sample of rural, low-income African-American and white adolescents in Appalachia to learn more about levels of resiliency. Results indicate that family support, problem-solving skills, and wishful thinking bolster resiliency. The authors advocate for future research such as continued research on diverse communities, rural populations, and longitudinal assessment.

Masten, A.S., Hubbard, J.J., Gest, S.D., Tellegen, A., Garmezy, N., and Ramirez M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology*. 11(1):143-69.

Studying a sample of 20 urban elementary school children, this longitudinal study of 10 years assessed three major areas of competence: academic achievement, conduct and peer social competence, and the effects of these areas on facets of adversity and psychosocial resources. Results indicate that high IQ and strong parenting may affect resiliency in children and play a protective role in child development.

Neria, Y. (2001). Coping with tangible and intangible traumatic losses in prisoners of war. *The Israel Journal of Psychiatry and Related Sciences*. 38(3-4):216-25.

The authors examine the role and strength of resiliency among prisoners of war and their families. Active coping during trauma may facilitate a good adjustment upon return; passive coping and perceived negative social support upon homecoming may trigger intense psychological loss.

Ramanaiah, N.V., Sharpe, J.P., and Byravan, A. (1999). Hardiness and major personality factors. *Psychological Reports*. 84(2):497-500.

The authors evaluate the Maddi and Khoshaba 1994 hypothesis that hardiness is an index of mental health. The sample studied is composed of 241 undergraduates, and the researchers utilize the Dispositional Resilience Scale, the Revised NEO Personality Inventory, and the Psychopathology-5 Scales. Results indicate distinct differences on the NEO Personality Inventory and the Psychopathology-5 Scales between the high hardiness and low hardiness groups.

Peer-Reviewed Journal Articles (continued)

Richardson, G.E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*. 58(3):307-21.

The author evaluates resiliency theory by dividing the qualities into three waves of resiliency. The author suggests applying this framework as a method for encouraging client resilience. Paradigms of resiliency are discussed.

Richardson, G.E. and Waite, P.J. (2002). Mental health promotion through resilience and resiliency education. *International Journal of Emergency Mental Health*. 4(1):65-75.

The author presents a progressive five-day resiliency-training program to give participants the opportunity to improve personal resilience and pursue self-actualization and pride. The article includes the results of a resiliency-training program, which include increases in participants' self-esteem, better interpersonal relationships, and job satisfaction.

Schissel, B. (1993). Coping with adversity: Testing the origins of resiliency in mental health. *International Journal of Social Psychiatry*. 39(1):34-46.

The author tests regression models in differential resiliency, and results show that gender plays a role in the origins and experiences of resiliency.

Surtees, P.G. and Wainwright, N.W. (1999). Surviving adversity: Event decay, vulnerability and the onset of anxiety and depressive disorder. *European Archives of Psychiatry and Clinical Neuroscience*. 249(2):86-95.

This study investigates the relationship between adverse experiences and anxiety and depressive symptoms revealed in social, neurological, and cognitive processes. The authors studied two groups of women; one group whose marital partners had recently died, and a second group whose marital partners had recently suffered a myocardial infarction. The authors advocate for improvements in stress models.

Tiet, Q.Q., Bird, H.R., Davies, M., Hoven, C., Cohen, P., Jensen, P.S., and Goodman, S. (1998). Adverse life events and resilience. *Journal of the American Academy of Child and Adolescent Psychiatry*. 37(11):1191-200.

This is a study assessing the relationship between adverse experiences and resiliency in youth. Results indicate that at-risk children with a higher level of resiliency were likely to have a high IQ, better family functioning, involved parents, and higher educational aspirations.

Tobin, G.A. and Whiteford, L.M. (2002). Community resilience and volcano hazard: The eruption of Tungurahua and evacuation of the faldas in Ecuador. *Disasters*. 26(1):28-48.

The authors interviewed residents at a temporary shelter, a permanent resettlement, returnees, and a control group to determine differences in perceptions of risk, health conditions, and long-term economic recovery in an effort to develop a model of community resilience in a long-term stress model.

Peer-Reviewed Journal Articles (continued)

Voges, M.A. and Romney, D.M. (2003). Risk and resiliency factors in posttraumatic stress disorder. *Annals of General Hospital Psychiatry*. 2(1):4.

This study assesses risk and resiliency factors for posttraumatic stress disorder (PTSD), utilizing the Posttraumatic Stress Diagnostic Scale, the Coping Inventory for Stressful Situations, and the State-Trait Anxiety Inventory. Results indicate that women are more likely than men to develop PTSD, as are trauma victims who feel that their life was in danger during the traumatic incident.

Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family Process*. 35(3):261-81.

The author discusses interventions that will foster and fortify family resilience to assist the family unit in enduring adverse experiences. The concept and framework surrounding resilience is extended to the family, taking into consideration the interactions and psychosocial challenges of the social unit.

Walsh, F. (2002). Bouncing forward: Resilience in the aftermath of September 11. *Family Process*. 41(1):34-6.

This is an editorial discussing examples of family and individual resilience after September 11.

Wolkow, K.E. and Ferguson, H.B. (2001). Community factors in the development of resiliency: Considerations and future directions. *Community Mental Health Journal*. 37(6):489-98.

The authors investigate the effect of caring adults in the community on youth resiliency, and results indicate that wide-scale community-based efforts to bolster and support youth are effective.

Other Publications

American Academy of Pediatrics

Family Readiness Kit: Preparing to Handle Disasters

American Psychological Association and Discovery Health Channel

The Road to Resilience

American Psychological Association

Tapping Your Resilience in the Wake of Terrorism: Pointers for Practitioners

Clemson Extension

Building Family Strengths: Resiliency